



### Player Evaluation Form

Player: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Team: \_\_\_\_\_ Age Group: \_\_\_\_\_  
 Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

Please circle the number from 1 to 10, one being poor and ten excelling past their age.

Skill	Poor				Average						Excel
	1	2	3	4	5	6	7	8	9	10	
Listening	1	2	3	4	5	6	7	8	9	10	
Team Player	1	2	3	4	5	6	7	8	9	10	
Passing	1	2	3	4	5	6	7	8	9	10	
Shooting	1	2	3	4	5	6	7	8	9	10	
Speed	1	2	3	4	5	6	7	8	9	10	
Ball Control	1	2	3	4	5	6	7	8	9	10	
Game Sense	1	2	3	4	5	6	7	8	9	10	
Work Ethic	1	2	3	4	5	6	7	8	9	10	
Coachable	1	2	3	4	5	6	7	8	9	10	
Overall Rating	1	2	3	4	5	6	7	8	9	10	

Does this player like playing goalie?      Yes    No  
 Is this player comfortable playing goalie?    Yes    No  
 Rate the player from 1-10 as a goalie.      \_\_\_\_\_

**Note:**  
*The #1 complaint from parents is that the teams are not balanced. It is our duty as a club to do everything possible to ensure that our house league teams are balanced at the start of the season. In an effort to accomplish this we are insisting that an evaluation be filled out accordingly for each player at the end of each season and handed in to the club at the banquet.*

Thank you for your time and dedication this season.